

Education Provider Change of Address

LIC 446-42 (Rev 05/08)

Producer Licensing Bureau - Education Unit

320 Capitol Mall

Sacramento, CA 95814-4309

(916) 492-3064

www.insurance.ca.gov

This form cannot be submitted electronically. Please complete form and return by mail to the address above or fax to (916) 323-6851. Form must be completed and signed by the PROVIDER DIRECTOR. Do not indicate "same".

Provider number:

Social Security or Federal

Employment Identification No.:

PRINT PROVIDERSHIP NAME:

MAILING: (Street address or P.O. Box)

Number/Street:		Apt./Suite
City	State	Zip

BUSINESS: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip
If address is outside of California, attach completed Out-of-State Provider Jurisdiction Agreement, form LIC 446-40 and Stipulation To Maintain Records Outside of California, form LIC 446-32.		


RESIDENCE, if sole proprietor (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

RECORD STORAGE: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip
If address is outside of California, attach completed Form LIC 446-32, Stipulation To Maintain Records Outside of California.		

SIGNATURE OF PROVIDER DIRECTOR:

	Title	Date:
Printed name of Provider Director		
Business Phone: ()	E-mail:	
Residence Phone: ()	Website:	
Fax: ()		